



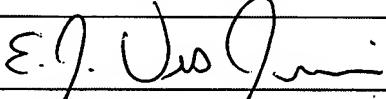
# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/622,010
		Filing Date	July 16, 2003
		First Named Inventor	Joseph Monforte
		Group Art Unit	1659
		Examiner Name	Young J. Kim
Total Number of Pages in This Submission		Attorney Docket Number	47-030010US

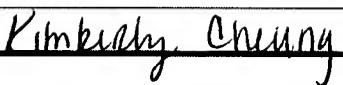
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Cited References <input type="checkbox"/> Copy of PCT Search Report <input type="checkbox"/> Copy of EP Search Report <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> Interview Summary <input checked="" type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Copy of Filing Receipt – marked up <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <input type="checkbox"/> RCE transmittal	
<input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> Amendment and Request for Reconsideration <input type="checkbox"/> Affidavits/declaration(s)			
<input checked="" type="checkbox"/> Extension of Time Request			
<input checked="" type="checkbox"/> Receipt Acknowledgement Postcard			
<input type="checkbox"/> Information Disclosure Statement			
<input type="checkbox"/> Certified Copy of Priority Document(s)			
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
<p><b>Authorization to Charge Deposit Account</b>            Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.</p>			
<table border="1"> <tr> <td>Remarks</td> </tr> </table>			Remarks
Remarks			

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Edward J. DesJardins, Ph.D., Reg. No. 51,162, Quine Intellectual Property Law Group, P.C.
Signature	
Date	April 30, 2007

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kimberly Cheung		
Signature		Date	April 30, 2007

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

<p>Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>FEE TRANSMITTAL</b> For FY 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1"> <tr> <td>Application Number</td> <td>10/622,010</td> </tr> <tr> <td>Filing Date</td> <td>July 16, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Joseph Monforte</td> </tr> <tr> <td>Examiner Name</td> <td>Young J. Kim</td> </tr> <tr> <td>Art Unit</td> <td>1659</td> </tr> <tr> <td>Attorney Docket No.</td> <td>47-030010US</td> </tr> </table>		Application Number	10/622,010	Filing Date	July 16, 2003	First Named Inventor	Joseph Monforte	Examiner Name	Young J. Kim	Art Unit	1659	Attorney Docket No.	47-030010US
Application Number	10/622,010														
Filing Date	July 16, 2003														
First Named Inventor	Joseph Monforte														
Examiner Name	Young J. Kim														
Art Unit	1659														
Attorney Docket No.	47-030010US														
<p><b>TOTAL AMOUNT OF PAYMENT</b> (\$ 905.00)</p>															

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): **Deposit Account**  
 **Deposit Account** Deposit Account Number: **50-0893** Deposit Account Name: **Quine Intellectual Property Law Group, P.C.**

For the above identified deposit account, the Director is hereby authorized to : (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description

	<u>Small Entity</u>
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
- 20 or HP =	x	=		<u>Fee (\$)</u>	<u>Fee (\$)</u>

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>(\$)</u>	<u>Fee Paid (\$)</u>
- 100	/50 =	Round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):		
Other : Request for Continued Examination fee		395.00
Other : Extension of Time for 3-months		510.00
Other :		

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	51,162	Telephone	(510) 337-7871
Name (Print/Type)	Edward J. DesJardins, Ph.D.				Date <b>April 30, 2007</b>